

PROGRESS REPORT

**TO THE UNITED STATES AGENCY
FOR INTERNATIONAL DEVELOPMENT**

**FROM THE STOP TUBERCULOSIS DEPARTMENT
OF THE WORLD HEALTH ORGANIZATION
ON THE
ADVANCED DEVELOPMENT OF
THE TUBERCULOSIS CONTROL PROJECT
IN THE RUSSIAN FEDERATION**



December 2005 – May 2006

LIST OF ATTACHMENTS

- Attachment 1** Epidemiological data on TB case-finding in the civilian and prison sectors of Ivanovo, Orel and Vladimir Oblasts and the Republic of Chuvashia
- Attachment 2** Sputum smear conversion rates among new cases in the civilian and prison sectors of Ivanovo, Orel and Vladimir Oblasts and the Republic of Chuvashia
- Attachment 3** Treatment outcomes for new sputum smear-positive cases in the civilian and prison sectors of Ivanovo, Orel and Vladimir Oblasts and the Republic of Chuvashia
- Attachment 4** Statement of expenditure as of 31 May 2006

1. GENERAL INFORMATION

1.1. Project title

Advanced Development of the Tuberculosis (TB) Control Project in the Russian Federation (RF).

1.2. Timeframe of the project

27 August 1999 – 31 December 2008.

1.3. Project sites

Ivanovo Oblast, Orel Oblast, Vladimir Oblast, the Russian Republic of Chuvashia, Central TB Research Institute of the Russian Academy of Medical Sciences (CTRI RAMS), Research Institute of Phthiopulmonology of Sechenov Moscow Medical Academy (RIPP MMA).

1.4. Reporting period

1 December 2005 – 31 May 2006.

2. EXECUTIVE SUMMARY

This document describes the progress made in implementing the WHO TB Control Programme in the RF during the six-month period from 1 December 2005 to 31 May 2006. The implementation of the Programme is financially supported by the United States Agency for International Development (USAID). This report presents the main activities carried out during the above-mentioned period, states the achievements and describes the challenges and the next steps to be taken.

The Programme's support to the federal health authorities reflected its efforts in capacity-building for sustainable TB control at the national and regional levels. The High Level Working Group on TB in Russia (HLWG), which was established through WHO support in 1999, remains an effective mechanism for cooperation between the Russian Ministry of Health and Social Development (MoHSD), the Federal Correctional Service (FCS), leading federal TB institutions and WHO. The 12th HLWG meeting, held on 13 December 2005, agreed on the actions to be taken by the partners in Russian TB control and identified the most important TB issues to be included on the agenda of the G8 Summit, which Russia will chair in St. Petersburg in June 2006.

The Programme continued to provide technical assistance to the Russian Government in the expansion of the revised national TB control strategy through the World Bank (WB)-supported project on TB and AIDS control. This requires the strengthening of Russian laboratory services. In this context, the Programme continued to provide support for establishing a reliable External Quality Assurance (EQA) system in the RF and facilitated the proficiency testing (PT) of 30 Russian laboratories during the period. The PT results will help identify the Russian laboratories that are capable of conducting high quality drug susceptibility testing (DST); they will take part in global Drug Resistance Surveillance (DRS), initiated by WHO headquarters (WHO/HQ) in 2005, and underpin the expansion of DOTS-Plus in the country. The Thematic Working Group (TWG) on Laboratory Diagnosis of TB, which includes WHO experts, prepared and submitted for approval to the Russian MoHSD new guidelines entitled "Microscopy Testing for Acid-Fast Bacilli". The technical manual "Unified Methods of Microscopy Testing for Acid-Fast Bacilli", intended for clinical and diagnostic laboratory staff in general health care (GHC) services, has been approved and is expected to be published in October 2006.

The increasing public health importance of TB/HIV co-infection is being addressed through the development of a sustainable regional model of TB/HIV control. With the Programme's support, the TWG on Surveillance and Monitoring adjusted two forms from the existing Russian surveillance documentation (# 8 and # 30-4/y), so that they will report data on TB/HIV cases and

3. BACKGROUND INFORMATION

3.1. Epidemiological situation

Over the last four years, the TB notification rate in Russia has shown a slight increase from 83.1 per 100 000 in 2004 to 83.8 per 100 000 in 2005 (source: federal surveillance of TB patients) due to the increase of the TB caseload in the civilian sector. TB mortality remains relatively high and increased from 21.4 per 100 000 in 2004 to 22.1 per 100 000 in 2005 (source: federal surveillance of TB patients).

Multidrug-resistant tuberculosis (MDR-TB) in Russia

As the following sections will describe, the growing number of cases of MDR-TB and HIV infection represent the main threats to overall TB epidemiology in Russia. According to national statistics, 8.1% of new and 16.5% of retreated TB cases were diagnosed with MDR-TB in 2004. In cumulative figures, 20 326 MDR-TB cases (new and previously treated patients) were registered at the end of 2004, with 3500 new cases (source: federal surveillance of TB patients). However, care must be taken when interpreting the data due to the inadequacies of the national TB laboratory services. No data on MDR-TB among new and retreated cases in 2005 are currently available. The federal statistics will be distributed in September 2006.

TB epidemiology in Russian prisons

The TB situation in the prison sector has shown a steady improvement over the last five years. The absolute number of TB cases decreased from 98 767 (2001) to 48 370 (2005). The TB notification rate in the prison system decreased from 1614 (2004) to 1591 (2005) and mortality from 118 (2004) to 103 (2005) per 100 000 inmates. The absolute number of HIV-infected cases in the prison sector has not shown a significant increase in the last few years and there were 35 317 cases in 2005. The number of TB/HIV cases also remains stable and constituted 2566 TB/HIV patients in 2005. However, 17.8% among new and 32.9% among retreated cases were diagnosed with MDR-TB in 2005 (FCS surveillance of TB inmates).

The Russian MoHSD continues to strengthen its cooperation with the FCS regarding the management of data in line with MoH Prikaz # 50 on TB monitoring. There remain problems with routine submission of data from the prison to the civilian sector. The FCS has prepared an official mandate to regional prison TB services to facilitate the implementation of the federal regulations on TB monitoring.

HIV and its possible impact on the TB epidemic in Russia

According to the Federal Centre of TB Care for HIV-infected Persons, the cumulative number of people with HIV infection registered in the country increased within a nine-month period from 297 988 (31 December 2004) to 318 794 (30 September 2005). The number of HIV-related deaths also increased from 7093 (31 December 2004) to 7395 (30 September 2005). The number of births registered to HIV-infected mothers increased by more than 1000 cases from 11 422 at the end of 2004 to 12 823 (30 September 2005). In 2004 the number of patients registered with TB/HIV co-infection amounted to 4506, of which 1407 were new cases (source: form # 61 of the federal surveillance of HIV-infected people). The 2005 statistics on TB/HIV cases will be available in September 2006.

3.2. Expansion of the WHO TB control strategy in the RF

Following the objectives of the project, the WHO TB Control Programme continued with technical assistance to the Russian Government in DOTS and DOTS-Plus expansion in cooperation with international and Russian partners and using the technical and programmatic experience of the pilot projects with WHO support.

6. TARGET GROUPS

1. TB patients in Categories I, II and III, according to WHO definitions, in four designated oblasts, and Category IV (MDR-TB) in Orel and Ivanovo Oblasts;
2. National TB control service personnel in four designated oblasts;
3. Designated federal TB research institutes.

7. PROGRESS TO DATE

7.1. Capacity-building and institutional support for a sustainable TB control model at the regional and national levels

The WHO TB Control Programme in the RF pursued its active cooperation with the Russian Government and federal TB institutions through the HLWG mechanism and its cooperation with the governing authorities of the regional joint DOTS and DOTS-Plus projects.

The 12th meeting of the HLWG, held on 13 December 2005, achieved important progress towards building a sustainable TB control model. This meeting focused on the efforts of the Global Stop TB Partnership and the Russian TB community to raise the profile of TB control and to have this issue placed on the agenda of the forthcoming G8 Summit in St. Petersburg. Dr L. Blanc, Stop TB Department, WHO/HQ, reported on the Global Plan to Stop TB 2006-2015 and the new International Standards for Tuberculosis Care. The meeting discussed and approved the Group's 2006 activity plan, which is in line with the set objectives, and agreed on the necessity to continue with cooperative efforts in Russian TB control, including the lobbying of governments. The meeting also supported the initiative of USAID to start organizing a comprehensive External Review of the Internationally Supported Project in the RF in the context of 10 years of international collaboration.

Growing commitment and a better understanding of the WHO-recommended TB control strategy in Russia contributed to the successful preparation of the RF TB proposal to the GFATM. This proposal was drafted with the technical support of WHO and was approved by a GFATM grant and ratified on 1 December 2005. The RHCF, Principal Recipient of the grant, introduced the GFATM-supported project at a special launch meeting co-organized with WHO in Moscow, 14-15 December 2005. Around 250 delegates from the Russian MoHSD, FCS, federal TB research institutes and international partners in TB control came together for this event. The meeting explained the aims and objectives of the project, the biannual activity plan, and the GFATM requirements and financial mechanisms. Special emphasis was placed on the MDR-TB component and applications to the GLC by Russian regions to expand DOTS-Plus in the country.

Sustainable political commitment at the regional level was exemplified by the signing of official agreements between the Russian MoHSD, FCS, supervising federal TB institutes, WHO and USAID and the three local administrations (Orel and Vladimir Oblasts and the Republic of Chuvashia) for the continuation of their Regional TB Control Programmes in cooperation with all national and international partners in 2006-2008. This was an important achievement, which demonstrates a growing political commitment to international cooperation in Russian TB control.

On 25 May 2006, Mr K. Hill, a USAID high-level representative, made a familiarization visit to the DOTS project in Vladimir Oblast. As a result of the visit, Mr Hill declared the project to be among the best demonstration projects. The Oblast TB Dispensary (OTBD) in Vladimir Oblast continued to strengthen infection control in both the civilian and prison sectors through a special grant from CDC. There are plans to use the project as a regional model for obtaining the technical and programmatic experience needed to improve infection control procedures in Russia as a whole.

Capacity-building in terms of DOTS expansion was exemplified by a joint evaluation mission to the Republic of North Osetia (Alania), conducted by RIPP MMA and WHO experts from 13 to 17 February 2006. This mission was initiated upon a special request from the Republican Ministry of

Novosibirsk and Kemerovo Oblasts. Specially appointed regional staff will be responsible for this task under the supervision of the respective institute and/or the FCS. Data will be collected quarterly over a period of nine to twelve months. Further analysis should allow the identification of the requirements for implementing the DRS project. The coordination offices established at the federal institutes will ensure proper coordination with the WHO Moscow Office. It is hoped to ensure the participation of the laboratories identified in the DRS project in order to obtain statistically representative and technically reliable data on the prevalence of drug-resistant TB, which will be connected to patient registration groups and chemotherapy regimens. The understanding of the current situation on drug resistance will help to evaluate the effectiveness of the federal and regional TB control programmes. There are prospects for introducing modern treatment technologies and facilitating the development of national guidelines on MDR-TB patient management using the results obtained through the DRS.

The TWG on Laboratory Diagnosis of TB has also nominated Russian experts in charge of developing certification rules in order to specify QA issues for TB laboratory procedures (internal and external quality control). The FCEQA coordinates and WHO financially supports this process, which is expected to be completed by the end of 2006. The above-mentioned activities have been tailored to improve the capacities of the Russian laboratory services for TB diagnosis and to scale up MDR-TB treatment programmes through the GLC.

7.3. Development of a sustainable regional model of TB/HIV control

Russia is in the process of establishing effective coordination mechanisms at the regional level and practical coordination at the federal level to improve collaboration between the national TB and HIV/AIDS services. This process includes the development of updated guidelines for TB/HIV control and an internationally acceptable system of HIV surveillance of TB patients.

The TWG on TB in HIV-infected Patients, with WHO membership, has helped to improve collaboration between the related services through the newly established mechanism of TB/HIV coordinators. The Russian MoHSD Prikaz # 332 of 13 May 2005, issued with WHO support, established the MoHSD Coordination Council for Prevention and Treatment of HIV-associated TB and facilitated the activities of the recently appointed regional TB/HIV coordinators. The Coordination Council held its second meeting on 20 December 2005 and its third meeting on 26 May 2006. During these meetings, the Council members agreed that efforts for approving new regulatory documents, guidelines and educational materials on prevention, diagnosis and treatment of TB/HIV co-infection should be strengthened and facilitated.

The improvement of recording and reporting on TB/HIV was supported by the TWG on Surveillance and Monitoring. The Group adjusted form # 8 of the existing surveillance documentation in Russia to include data reporting on TB/HIV cases and form # 30-4/y on patient follow-up. The Federal Statistics Committee recently approved these revised forms. The next step will involve the development of training modules for various categories of medical worker (TB specialists, infectious disease specialists, TB/HIV coordinators and social workers) on decreasing the burden of TB in HIV-infected patients. These modules will be complementary to the recently approved, revised WHO modules on managing TB at the district level.

7.4. Assistance in the development of a sustainable regional model for DOTS and DOTS-Plus

The four joint DOTS project sites supported by WHO through USAID funds (Orel, Vladimir and Ivanovo Oblasts and the Republic of Chuvashia) demonstrated a sustainable improvement in TB-related rates through effective implementation of the projects.

Republic of Chuvashia

- The TB notification rate increased during the project period from 73.7 in 2001 (before the launch of the project) to 81.1 per 100 000 in 2005 and demonstrated a fluctuating rate. This rate is about the average rate for Russia (83.8 in 2005).
- The TB mortality rate also demonstrated an increasing trend from 12.6 per 100 000 (2001) to 14.2 per 100 000 (2004). This is, however, much lower than the TB mortality rate in Russia as a whole (22.1 in 2005).
- TB detection by smear microscopy in patients registered for treatment in the civilian sector increased from 43% (2002) to 63% (2005). Serious problems, however, remained in the laboratory services, which prevented effective culture diagnosis: insufficient coverage by culture diagnosis and defects in registration of culture findings. As a result, only 26% (2005) among new TB cases are confirmed by positive culture. Detection by smear microscopy in the prison sector remained insufficient. Only 22% (2004) of new pulmonary TB patients are confirmed by positive microscopy.
- The treatment success rate among new sputum smear-positive patients in the civilian sector varied from 73% (2002) to 71% (2004). The project had problems with registration and assessment of results. After the problems had been identified and addressed, the treatment success rate decreased. In the prison sector the treatment success rate among new sputum smear-positive patients decreased from 79% (27 of 36 smear-positive TB cases) in 2003 to 75% (27 of 34 smear-positive TB cases) in 2004.

Vladimir Oblast

- The TB notification rate decreased from 105.6 per 100 000 in 2000 (before the launch of the project) to 73 per 100 000 in 2005. This decrease represented 45%.
- As a result of the implementation of the joint TB project, the TB mortality rate also decreased, constituting 17.1 per 100 000 in 2005, which is well below the mortality rate from TB in Russia as a whole (22.1 per 100 000 in 2005, a difference of 29%).
- TB detection by microscopy within the project remained satisfactory during the project period and varied from 52% (2002) to 50% (2005). TB confirmation by culture among new pulmonary TB cases increased slightly from 50% (2002) to 56% (2005). The culture confirmation rate is insufficient, however, but should improve after the laboratory network is centralized. TB detection by microscopy among new pulmonary TB cases in the prison sector remained insufficient at a level of 28% (2004) and 29% (2005). TB detection by culture in the prison system represented 52% in 2005.
- The treatment success rate in sputum smear-positive patients decreased from 73% (2001) to 71% (2004) and did not show an increasing trend. According to the regular quarterly cohort reviews, this is due to the high number of death cases (12.3 % in 2004) as part of the many severe TB cases in the region.
- The treatment success rate in patients registered for treatment in the prison sector reached 65.3% (2004). Despite this increasing trend, the results varied by quarter from 45.5% (1st Quarter 2004) to 71.4% (3rd Quarter 2004), although the rate remains below the WHO target for successful treatment. The failure rate remained high, although the absolute number of prisoner-patients changed from 5 cases (2nd Quarter 2004) to 2 cases (3rd Quarter 2004) due to MDR-TB.

Of note is the fact that Vladimir Oblast received approval from the GLC in May 2006 to launch a DOTS-Plus project in the area.

The Republic of Chuvashia has applied to the GLC to launch a DOTS-Plus project in 2007. The application is currently under review.

7.4.4. Training

The Programme has continued to provide assistance with strengthening the federal and regional capacity for modern TB control and operational research through training courses with the involvement of WHO international experts.

Federal

- **15-16 February 2006:** Basic training course for 45 TB specialists from the Republic of North Osetia (Alania), conducted by RIPP MMA and WHO experts, which focused on the most recent national regulations on TB (Russian MoH Prikaz # 109 on TB detection and treatment in line with WHO principles and Russian MoH Prikaz # 50 on recording and reporting for TB monitoring based on cohort analysis).
- **14-17 March 2006:** Basic training course for 14 federal level participants from the federal TB research institutes and four Moscow-based WHO staff on Epi Info software (Windows version). An expert from the WHO Regional Office for Europe conducted the course. The aim was to strengthen the regional capacity for operational research in the RF and identify the key factors for reaching the WHO global target of 85% treatment success among infectious TB cases. The country has yet to reach this global target; the treatment results remain suboptimal, even within the regional joint DOTS and DOTS-Plus projects.
- **19-29 March 2006:** Basic training course for 95 participants from RIPP MMA, Novosibirsk TB Research Institute and the regions from its area of supervision on management of MDR-TB control, organized by Partners in Health (PIH). The objective of the course was the further development of technical and managerial skills of staff at regional level in MDR-TB management. WHO representatives presented lectures on Quality Control of TB Dispensary and Microbiological TB Laboratory and the WHO/International Union against Tuberculosis and Lung Diseases Global Project on DRS of *M. tuberculosis*.
- **3-7 April 2006:** "Training of Trainers" course on teach-back methodology for 30 TB specialists from the federal TB institutes and the regional joint DOTS projects. A pool of the TB experts trained will support expansion of the revised TB control strategy in the RF at the district level. They will train TB staff countywide in the framework of the WB- and GFATM-supported projects. The revised WHO training modules on TB at the district level will be the core training material. Experts from the US Centers for Disease Control and Prevention (CDC) made up the faculty.
- **23-28 April 2006:** Advanced course on TB control management in line with international recommendations for 28 TB specialists from the federal TB institutes, the FCS and the joint regional DOTS projects. This course was organized in cooperation with the WHO Collaborating Centre for TB and Lung Diseases and the S. Maugeri Foundation (Tradate, Italy).
- **15-19 May 2006:** "Training of Trainers" course for 31 people from CTRI RAMS and its area of supervision. The revised WHO modules on managing TB at the district level were used as training material. WHO Moscow experts observed the course sessions and provided recommendations.
- **22-27 May 2006:** Basic training course for 51 people from RIPP MMA and its area of supervision. The revised WHO modules on managing TB at the district level were used as training material. WHO Moscow experts observed the course sessions and provided recommendations.

increasing the number of incentives and focusing on socially vulnerable groups of patients. The default rate represents 5.8% (among smear-positive patients registered in 2004).

7.4.6. Logistical support and procurement of goods and services

Drug and supply management

Drug stock reports were collected from the projects and processed on a quarterly basis (4th Quarter 2005). Data on regional drug stocks in the 1st and 2nd Quarters 2006 were requested. All the WHO project sites reported sufficient stocks of the drugs needed.

The Supply and Procurement Unit of the WHO TB Control Programme in the RF made an evaluation of first-line anti-TB drug stocks in the majority of Russian regions and compiled a list of needs as part of the planned strengthening of drug management in the country.

Vehicles

The Programme provided funds to cover major repairs of two vehicles purchased by WHO in 2002 for the Regional TB Control Programme in the Republic of Chuvashia.

Documentation was submitted to the WHO Regional Office for Europe for procuring two vehicles for the civilian (one car) and the prison (one car) TB services of Orel Oblast and three vehicles for the civilian (two cars) and prison (one car) TB services of Vladimir Oblast. These vehicles will facilitate the implementation of the recently approved DOTS-Plus activities and the performance of the Educational Centres, which aim to enhance on-site training and information exchange in the framework of TB control activities with international support in the oblasts.

Office equipment

During the reporting period, the Programme accomplished the procurement of office furniture for the coordination office at the St. Petersburg RIPP through WHO's EC-funded project.

Laboratory equipment

A biological safety cabinet (BSC) 2nd class VL-22-1200 was purchased with USAID funds and donated to the laboratory of CTRI RAMS upon a special request from Professor V. Erokhin, Director of CTRI RAMS, to increase the institute's capacity for microbiological TB diagnosis and MDR-TB prevention in the Russian regions supervised by CTRI RAMS.

Four hundred and fifty masks 3M 9322 for the staff of the WHO Moscow Office were purchased and delivered to the Office, according to the requirements of the WHO pandemic influenza draft protocol for rapid response and containment dated 27 January 2006 and available on the WHO web site, particularly section # 3, "Stockpiles".

7.4.7. CDC technical assistance in collaboration with WHO

CDC continued with technical assistance to the Programme, with monitoring missions to the project sites and assistance with training and DOTS-Plus activities. These activities are detailed in the sections of chapter 7.4, "Assistance in the Development of a Sustainable Regional Model for DOTS and DOTS-Plus". Duty travel reports are available at the WHO Country Office for Russia.

7.4.8. On-site monitoring and technical assistance

During the reporting period, representatives of the Moscow-based federal TB research institutes, the FCS and the WHO TB Control Programme in the RF conducted regular monitoring visits to the DOTS and DOTS-Plus project sites.

Ivanovo Oblast

Programme staff performed three visits to Ivanovo Oblast during the reporting period. These visits aimed to look into the possibility of resolving a serious deterioration in the political environment in the area, which led to the implementation of the project being suspended.

7.6. Information, education and communication (IEC) strategy

The WHO TB Control Programme in the RF is exploring new approaches and tools to scale up advocacy and communication related activities. It organized a campaign to identify Russia's Goodwill Ambassador of the Stop TB Partnership. This action was timed with the Moscow press conference that was a satellite event of the lead press conference in Davos, "Davos Against TB". Thirty-two members of the press gathered at the conference and questioned the Ambassador and the Presidium (composed of representatives from the State Duma Department for Health, Russian MoHSD, Russian FCS, United States Embassy in the RF, WHO Regional Office for Europe and the Global Stop TB Partnership). The event received broad media coverage. Similar press events were held on 27 January 2006 in London, Ottawa and Paris. They announced the launch of the Partnership Global Plan to Stop TB for 2006-2015. This Plan outlines the regional and global scenarios of the impact and costs of planned activities and the strategic plans of the Partnership's seven Working Groups for the next decade. It will serve as a powerful advocacy tool in setting out the resources needed for action. The WHO TB Control Programme in the RF was responsible for organizing the Plan's launch in Moscow. It also presented Mr Vladimir Shakhurin, lead singer of the national rock band "Chaif", as the newly selected Russian Goodwill Ambassador of the Stop TB Partnership. His official speech aimed to mobilize social and political forces in the country and attract the interest of the general public and high-level decision-makers to the problem of TB.

In cooperation with other international partners, the Programme took part in organizing the World TB Day campaign in Moscow in March 2006, which aimed to:

- engage government and donor agencies for strengthened commitment to TB control
- serve as an advocacy and educational opportunity
- increase public awareness, engagement and support in the fight against TB.

These aims gave impetus to a wide range of activities: a press conference, TV and radio coverage, a conference on TB-related issues for young researchers, a contest for the best TB poster among children and a journalists' contest.

A press conference, "Actions for Life: Towards a World Free of Tuberculosis!", was organized and conducted on 23 March 2006 with WHO support. Mass media reporters from nearly 30 TV, press and radio agencies had the opportunity to communicate with representatives from the Russian MoHSD, FCS, RHCF, WHO, USAID and other partners in Russian TB control. The conference was accompanied by an awards ceremony at which Academician M. Perelman, Director of RIPP MMA, announced the winners of the journalists' and the children's poster contests. The contests, under the slogan "A World Free From TB Depends on You!", were organized and conducted by WHO and the National Union of Journalists with USAID financial support. Nearly 100 print, video and Internet materials from 45 Russian regions and about 50 posters from 7 regions were submitted. The winners of the best TB-related publications and video material from Irkutsk, Belorechensk and Moscow were awarded, through USAID funds, with laptops (1st prize), digital cameras (2nd prize) and pocket computers (3rd prize). A digital camera (1st prize), an MP3 player (2nd prize) and a music centre (3rd prize) were awarded to the winning children from Ivanovo, Kastroma and Orel. The WHO TB Control Programme in the RF also publicized the 2006 World TB Day campaign through interviews on the ORT and TVC TV channels and radio "Mayak" and "Ekho Moskv".

The second issue of the WHO TB Control Programme Bulletin was released in April 2006, presenting information about HLWG activities, advocacy, partners (USAID and PIH) and the joint DOTS project in Vladimir Oblast. The Programme plans to produce the Bulletin on a quarterly basis and have it available for distribution in electronic format as well. The Programme also completed the development of the Analytical Review of TB in the RF in 2004 in cooperation with Russian partners from the MoHSD, CTRI RAMS and the Central Research Institute of Organization and Information Exchange in Public Health and with financial support from USAID and Sida.

The 13th Meeting of the TB Training and Education Collaborative for the WHO European Region was held from 4 to 5 May 2006 in Copenhagen, Denmark. This meeting focused on the importance

8.2. Local coordination

TB control in the RF is a good example of effective collaboration between national, international, governmental and nongovernmental organizations, and good coordination by donor and partner agencies.

Technical assistance to the DOTS and DOTS-Plus projects is now provided by CTRI RAMS, RIPP MMA and WHO.

Implementation of the revised TB control strategy is provided in close collaboration with the Russian MoHSD, FCS and RHCF.

TB interagency meetings continue to be held monthly at the WHO Moscow Office to facilitate information exchange, consultation and discussion among international agencies and partners.

The project is closely coordinated with HLWG activities, both contributing to the work of the various TWGs and benefiting from HLWG decisions on national TB control policy.

Special emphasis is given to collaboration and exchange of practical experience with the IFRC TB control projects. DOTS-Plus activities are closely coordinated with the PIH project in Tomsk.

9. DIFFICULTIES AND CHALLENGES

Major difficulties and challenges at the federal/national level

9.1. Commitment to TB control at federal, regional and local levels

Commitment to TB control at the federal level is challenged by the recent administrative reforms in the public health care sector. Most of the former key counterparts in the Russian health care leadership have changed their positions. New contact persons at the federal level were introduced to the Programme; they will need additional time to arrange proper coordination with the Programme in terms of the practical implementation of the revised components of national TB control.

9.2. National capacities for modern TB control

The major barrier to effective expansion of national capacities for TB control is the lack of capacity in the leading TB research institutes for monitoring, training, supervision and surveillance within the revised framework of TB control. TB staff at federal and regional levels need relevant training and time to establish adequate technical and financial cooperation with WHO and the RHCF. Differences in approach and definitions between international and national TB surveillance systems also hinder this process. The cooperative efforts of the WHO TB Control Programme in the RF and its partners should increase the capacity of the federal TB research institutes through the recently established coordination offices and the IEC initiatives of WHO in Russia. The existing mechanism for allocating funds in the health care delivery system presents a major challenge to increasing integration of the GHC services in TB control and establishing a proper EQA system. These challenges will be cooperatively addressed in the framework of several projects in Russia, including those supported by WB and GFATM funds.

Major difficulties and challenges at the regional level

Ivanovo Oblast

- There has been a serious deterioration in the political environment in Ivanovo Oblast due to the incident involving CDC staff in February 2005, the regional election and the changing of the Governor. The chief TB doctor of Ivanovo OTBD is under investigation by the Office of the Public Prosecutor for presenting medical information to CDC staff. Due to the political situation, the Programme scaled down comprehensive monitoring of the Ivanovo project. The new Ivanovo leadership stopped all contact with the WHO Moscow Office and

- Due to the substantial difference between the wages of health care staff in Vladimir Oblast and those in the neighbouring Moscow region, there is a considerable shortage of staff, particularly in the GHC service.
- Federal regulations on financial mechanisms in the public health sector prevent the implementation of the proposed system of staff incentives to award effective TB detection and treatment in the GHC system.

10. FUTURE PLANS/NEXT STEPS

10.1. Federal/national level

Grant activities over the next six months will contribute to the progress of the following targets:

- To contribute to the revision and further development of the national policies on:
 - state annual reporting forms (compatible with international standards)
 - MDR-TB management
 - TB/HIV collaborative activities.
- To facilitate the strengthening of the national TB laboratory network by technical assistance with:
 - implementing enlarged DRS within the framework of global DRS
 - upgrading the laboratory infrastructure and the training of laboratory staff
 - issuing a new Prikaz for recording and reporting laboratory data
 - strengthening the link with the Supranational Reference Laboratory.
- To continue cooperation with the existing network for postgraduate medical education and provide further assistance with:
 - training of trainers in the revised TB control strategy
 - developing training modules and educational materials on general management, drug management, laboratory diagnosis of TB, TB/HIV and MDR-TB in line with international requirements.
- To strengthen the national policy on rational drug management and facilitate GMP certification for Russian enterprises.
- To continue with technical support for the implementation of the WB- and GFATM-supported projects on TB and AIDS control.
- To ensure adequate infection control in federal and regional TB facilities with technical and financial support from international partners.
- To ensure regular monitoring missions to DOTS and DOTS-Plus project sites.
- To expand WHO operational research in the country.

- To continue negotiations with the local Ministry of Health to increase their budget for social support and include the resources of the GFATM-supported project.
- To facilitate activities tailored to launching DOTS-Plus: to increase the capacities of the bacteriological laboratory of the RTBD, to ensure PT of the central RTBD laboratory by the supranational laboratory, and to carry out the renovation of TB units in the RTBD for MDR-TB patients.